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Health problems of elderly women in urban and rural areas of Haryana: A sociological study

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Abstract

A study was conducted in rural and urban areas of Hisar and Nuh districts among 256 elderly women on health problems. The results revealed that elderly women responded maximum for the diabetes as major health problem which occur most of the time (45.31%), followed by forgetfulness (39.84%) and asthma (38.28%). The elderly women from the rural areas were of the view that the major health problem among them was asthma which occur most of the time (38.28%), followed by forgetfulness (37.50%), respiratory disease (36.72%) and diabetes (35.94%). Over all among the elderly women the three most occurring diseases were diabetes (40.60%), forgetfulness (38.70%) and asthma (38.30%). Factors associated with health problems significantly associated.

Keywords: asthma, diabetes, forgetfulness, ear disease, eye diseases, oral diseases and skin diseases

Introduction

In the present scenario, old age women in India are suffering from many health problems like diabetes, asthma, forgetfulness etc. They have to live with these health challenges along with disseminating their house duties which in this age of above 60 years, are not performed in the developed countries. They have fears about economic liability on the family members which did not allow them to take proper care. One index has been developed by Dr. Bibek Debroy, Chairman, Economic Advisory Council to the Prime Minister (EAC-PM) in which it was found that Rajasthan, Himachal Pradesh, Mizoram and Chandigarh lead the rankings in Aged States (an elderly population of more than 5 million), Relatively-Aged States (an Elderly population of less than 5 million.) and also North Eastern States and Union Territories categories, respectively (Anonymous, 2021) [2]. There were 901 million of the people having the age 60 years or over were about 12 per cent of the global population in 2015 and the population growth rate of this age group is increasing by 3.26 per cent. Europe stood first in this age group and its population aged 60 or above it constitutes about 24 per cent (Gandhi, 2016) [5].

According to a report by United Nations Population Fund (UNFPA) stated that the population in India during 2019 stood at 1.36 billion, growing from 942.2 million in 1994 and six per cent of India's population was of the age 65 and above i.e. nearly about 8.16 crore (Anonymous 2019) [1] and the proper medical health centres will be required to provide health services to this large part of population. The health data on old age people of above age 55 years was undetermined. This type of ignorance will also result in lapse effect steps in the policy making (Dror, *et al.*, 2008) [4]

The policy makers have to think in this direction as well as the law makers have make it mandatory to bear the financial liabilities of their parents so that the elders in the family may not be deported to old age homes. In this direction, seeing the current situation of Haryana of the elderly women a study was designed to know the health problems faced by them in urban and rural areas. Keeping in mind the health issues of elderly women, a study was planned with the objectives:

- I. To know the problem and extent of health problems of rural and urban elderly women
- II. To delineate the socio-economic factors associated with health problems.

Materials and Methods

The study was conducted in Haryana in four villages of two districts i.e., Hisar and Nuh. The name of the villages Ladvi, Kohli, Satrod and Gangwa from Hisar district. The villages from

Nuh districts were Gwarka, Bhajlka, Shahpur, Charera. From each district 64 respondents were taken i.e., Hisar headquarter (urban) and Nuh headquarter (urban). The respondents were old aged women from 8 villages of the above districts. There were 16 respondents from each village.

Results and Discussion

(i) Health problems

As per the data pertaining to the health diseases which occur 'most of the time' among the elderly women living in the urban areas are presented in the Table 1 and Fig. 1(a). The data depict that the elderly women responded maximum for the diabetes as major health problem which occur most of the time (45.31%), followed by forgetfulness (39.84%) and asthma (38.28%). The results have been confirmed with the observation of Martin (2021) who stated that more than 77 million adults are living with diabetes and this will increase to 134 million in India by 2045. Further, overall, females have a higher risk of developing diabetes than males.

The data pertaining to the health diseases which occur 'most of the time' among the elderly women living in the rural areas are presented in the Table 1 and Fig. 1 (b). The data depict that the elderly women were of the view that the major health problem among them was asthma which occur most of the time (38.28%), followed by forgetfulness (37.50%), respiratory disease (36.72%) and diabetes (35.94%).

Over all among the elderly women the three most occurring diseases were diabetes (40.60%), forgetfulness (38.70%) and asthma (38.30%).

(ii) Physical problems

The data pertaining to physical problems like eye disease, ear disease, oral cavity and skin problem are presented in Table 2 and depicted in Fig. 2 (a), b and c. The diseases which occur most of the time among the elderly women in urban areas were ear disease (41.41%), eye disease (30.47%), oral cavity (18.75%) and skin problems (17.97%). The results are in contrast to the results achieved by Mishra *et al.* (2011)^[8] where they observed that the disabling hearing impairment is accounted more in rural areas (15.14%) than in urban areas (5.9%). One of the possible cause of the ear diseases might be presence of cerumen / debris (+ fungal) in either ear followed by chronic suppurative otitis media in either ear and dry perforation of tympanic membrane in either ear (Mishra *et al.*, 2011)^[8] In the rural areas the major physical health problems among the elderly women were ear disease (31.25%), eye disease (30.47%), skin diseases (30.47%), oral cavity (21.88%). Overall among the elderly women, the major physical problems among the elderly women were ear disease (36.30%), eye disease (30.50%), oral cavity (20.30%) and skin diseases (19.50%).

(iii) Association among the socio-economic status and the health problems

It was long ago felt that there must be some association between medical technology and economic development and thereby resulting in reduction in health inequality at least in the developed countries.

(a) Urban areas

The data pertaining to association among the socio-economic

factors and the health problems in the urban areas are given in Table 3 which clearly revealed that elderly women in the age group of above 80 years have the high association (55.6%) with chi square statistic $\chi^2 = 73.0$ significant at α level at 0.01, education with high school (76.2%) with chi square statistic $\chi^2 = 62.0$, family education with senior secondary and above (51.2%) with chi square statistic $\chi^2 = 46.3$ significant at α level at 0.01, family annual income between 50000 – 1 lakh (31.6%) with $\chi^2 = 13.71$ significant at α level at 0.01, small land holding between 2.5 to 5.0 acres (25.0%) with chi square statistic $\chi^2 = 6.83$ significant at α level at 0.05, social participation being member of one organization (22.5%) with chi square statistic $\chi^2 = 5.96$ significant at α level at 0.05. Urban areas having more health facilities made it possible to increase the life expectancy among the elderly people and that is one of the reason that the elderly women in the age group of 80 years and above avail this opportunity to combat with the health challenges. The social participation in the urban areas was observed low as compared to the rural areas might be due to the reason having rigidity in the social culture in the urban areas as compared to the rural areas. In one study by Bhattacharya (2013) revealed that the women life in India is based on the evolution by themselves to a particular environment. The evolve their habits as per the norms of the social culture. This might be one of the reason elderly women who have the rural background living in urban areas might have adapted to the urban social norms, hence having less social participation as compared to the rural area.

(b) Rural areas

The data pertaining to association among the socio-economic factors and the health problems in the rural areas are given in Table 3 which clearly revealed that elderly women in the age group of above 80 years have the high association (50.0%) with chi square statistic $\chi^2 = 43.43$ significant at α level at 0.01, education with high school (50.0%) with chi square statistic $\chi^2 = 37.76$ significant at α level at 0.01, family education with senior secondary and above (48.0%) with chi square statistic $\chi^2 = 36.91$ significant at α level at 0.01, family annual income between 50000 – 1 lakh (19.0%) but the chi square statistic $\chi^2 = 0.84$ was not found significant followed by small land holding between 2.5 to 5.0 acres (16.7%) with $\chi^2 = 5.63$ not significant. However, elderly women social participation being member of one organization (42.4%) in rural areas were found significantly associated with health problems with chi square statistic $\chi^2 = 49.68$ at α level = 0.01. The relationship existed among the socioeconomic factors and health, it is a fact that with medical technology and economic development, health inequality would be reduced, at least in developed countries (Lutfey, and Freese, 2005)^[6]. Elderly women living in rural areas are affected by non-availability of timely health services for which they have to suffer with the health challenges with increasing age, lesser financial aids, fewer social contacts etc. In contrast to the urban areas, women in rural areas are jointly associated with each other being available to each other at the time of need as scarcity of resources made their mind set up to share the resources among themselves to help each other. Hence, whatever the health problems prevailed among them, they remain ready to participate for social cause.

Table 1: Health problems among the elderly women in urban and rural areas

Health disease	Status	Urban (N = 128)	Rural (N = 128)	N = 256
Hypertension	Most of the time	44(34.38)	41(32.03)	85(33.20)
	Seldom	56(43.75)	51(39.84)	107(41.80)
	Never	28(21.88)	36(28.13)	64(25.00)
Respiratory disease	Most of the time	40(31.25)	47(36.72)	87(34.00)
	Seldom	47(36.72)	46(35.94)	93(36.30)
	Never	41(32.03)	35(27.34)	76(29.70)
Asthma	Most of the time	49(38.28)	49(38.28)	98(38.30)
	Seldom	49(38.28)	47(36.72)	96(37.50)
	Never	30(23.44)	32(25.00)	62(24.20)
Heart disease	Most of the time	21(16.41)	15(11.72)	36(14.10)
	Seldom	65(50.78)	64(50.00)	129(50.40)
	Never	42(32.81)	49(38.28)	91(35.50)
Gastro-intestinal disease	Most of the time	44(34.38)	38(29.69)	82(32.00)
	Seldom	61(47.66)	63(49.22)	124(48.50)
	Never	23(17.97)	27(21.09)	50(19.50)
Diabetes	Most of the time	58(45.31)	46(35.94)	104(40.60)
	Seldom	45(35.16)	50(39.06)	95(37.10)
	Never	25(19.53)	32(25.00)	57(22.30)
Weakness	Most of the time	46(35.94)	44(34.38)	90(35.20)
	Seldom	51(39.84)	47(36.72)	98(38.30)
	Never	31(24.22)	37(28.91)	68(26.50)
Forgetfulness	Most of the time	51(39.84)	48(37.5)	99(38.70)
	Seldom	48(37.50)	56(43.75)	104(40.60)
	Never	19(22.66)	24(18.75)	53(20.70)
Eating disorder	Most of the time	19(14.84)	20(15.63)	39(15.20)
	Seldom	69(53.91)	65(50.78)	134(52.30)
	Never	40(31.25)	43(33.59)	83(32.40)

The values in parenthesis are percentages.

Table 2: Physical problems among the elderly women of urban and rural areas

Physical Problems	Status	Urban (N = 128)	Rural (N = 128)	Total (N = 256)
Eye disease	Most of the time	39(30.47)	39(30.47)	78(30.50)
	Seldom	66(51.56)	58(45.31)	124(48.40)
	Never	23(17.97)	31(24.72)	54(21.10)
Ear disease	Most of the time	53(41.41)	40(31.25)	93(36.30)
	Seldom	45(35.16)	44(34.38)	89(34.80)
	Never	30(23.44)	44(34.38)	74(28.90)
Oral cavity disease	Most of the time	24(18.75)	28(21.88)	52(20.30)
	Seldom	47(36.72)	50(39.06)	97(37.90)
	Never	57(44.53)	50(39.06)	107(41.80)
Skin diseases	Most of the time	23(17.97)	39(30.47)	50(19.50)
	Seldom	44(34.38)	58(45.31)	102(39.80)
	Never	61(47.66)	43(33.59)	104(40.70)

Table 3: Association between health problems and socio economic profile

Variables	Urban(128)				Rural(128)			
	Low	Medium	High	Total	Low	Medium	High	Total
Age								
60-70yrs.	21(50.0)	19(45.2)	02(04.8)	42(32.8)	23(37.7)	36(59.0)	02(03.3)	61(47.7)
71-80yrs.	03(06.0)	44(88.0)	03(06.0)	50(39.1)	02(05.1)	31(79.5)	06(15.4)	39(30.5)
Above 80yrs.	01(02.8)	15(41.6)	20(55.6)	36(28.1)	02(07.1)	12(42.9)	14(50.0)	28(21.8)
Total	25(19.6)	78(60.8)	25(19.6)	128(100)	27(21.1)	79(61.7)	22(17.2)	128(100)
$\chi^2=73.0^{**}$					$\chi^2=43.43^{**}$			
Respondents Education								
Illiterate	14(24.1)	43(74.2)	01(01.7)	58(45.3)	25(31.3)	53(66.2)	02(02.5)	80(62.5)
Primary	06(25.0)	15(62.5)	03(12.5)	24(18.8)	02(08.7)	15(65.2)	06(26.1)	23(18.0)
Middle	02(10.6)	15(78.8)	02(10.6)	19(14.8)	-	07(50.0)	07(50.0)	14(10.9)
High School	02(09.5)	03(14.3)	16(76.2)	21(16.4)	-	04(50.0)	04(50.0)	08(06.3)
Sr. Sec. and above	01(16.7)	02(33.3)	3(50.0)	06(04.7)	-	-	03(100)	03(02.3)
$\chi^2=62.0^{**}$					$\chi^2=37.76^{**}$			
Family education								
Illiterate	10(40.0)	15(60.0)	-	25(19.5)	13(38.2)	21(61.8)	-	34(26.6)
Primary	04(15.4)	22(84.6)	-	26(20.3)	10(23.8)	30(71.4)	02(04.8)	42(32.8)
High School	08(22.2)	24(66.7)	04(11.1)	36(28.2)	03(11.1)	16(59.3)	08(29.6)	27(21.1)

Sr. Sec. and above	03(07.3)	17(41.5)	21(51.2)	41(32.0)	01(04.0)	12(48.0)	12(48.0)	25(19.5)
	$\chi^2=46.3^{**}$				$\chi^2=36.91^{**}$			
Family Annual Income(in rupees)								
50000-1.5 lakh	12(31.6)	14(36.8)	12(31.6)	38(29.7)	13(22.4)	34(58.6)	11(19.0)	58(45.3)
1.5lakh-3lakh	08(12.9)	44(71.0)	10(16.1)	62(48.4)	09(20.0)	28(62.2)	08(17.8)	45(35.2)
Above 3lakh	05(17.9)	20(71.4)	03(10.7)	28(21.9)	05(20.0)	17(68.0)	03(12.0)	25(19.5)
	$\chi^2=13.71^{**}$				$\chi^2=0.84$			
Size of Land Holding(In Acres)								
Land less	15(25.0)	32(53.3)	13(21.7)	60(46.9)	01(07.1)	09(64.3)	04(28.6)	14(10.9)
Marginal (<2.5)	05(13.9)	25(69.4)	06(16.7)	36(28.1)	09(25.7)	19(54.3)	07(20.0)	35(27.3)
Small (2.5-5.0)	02(10.0)	13(65.0)	05(25.0)	20(15.6)	11(22.9)	29(60.4)	08(16.7)	48(37.5)
Semi Medium (5.01-10)	01(10.0)	08(80.0)	01(10.0)	10(07.8)	04(16.7)	17(70.8)	03(12.5)	24(18.8)
Medium (10.01-25)	02(100)	-	-	02(01.6)	02(28.6)	05(71.4)	-	-7(05.5)
	$\chi^2=6.83^*$				$\chi^2=5.63$			
Social Participation								
Not Member of any organization	16(23.2)	38(55.1)	15(21.7)	69(53.9)	25(28.7)	60(69.0)	02(02.3)	87(68.0)
Member of 1 organization	04(10.0)	27(67.5)	09(22.5)	40(31.3)	02(06.1)	17(51.5)	14(42.4)	33(25.8)
Member of more than 1 organization	05(26.3)	13(68.4)	01(05.3)	19(14.8)	-	02(25.0)	06(75.0)	08(06.2)
	$\chi^2=5.96^*$				$\chi^2=49.68^{**}$			

**highly significant at 1% level of significance; *significant at 5% level of significance

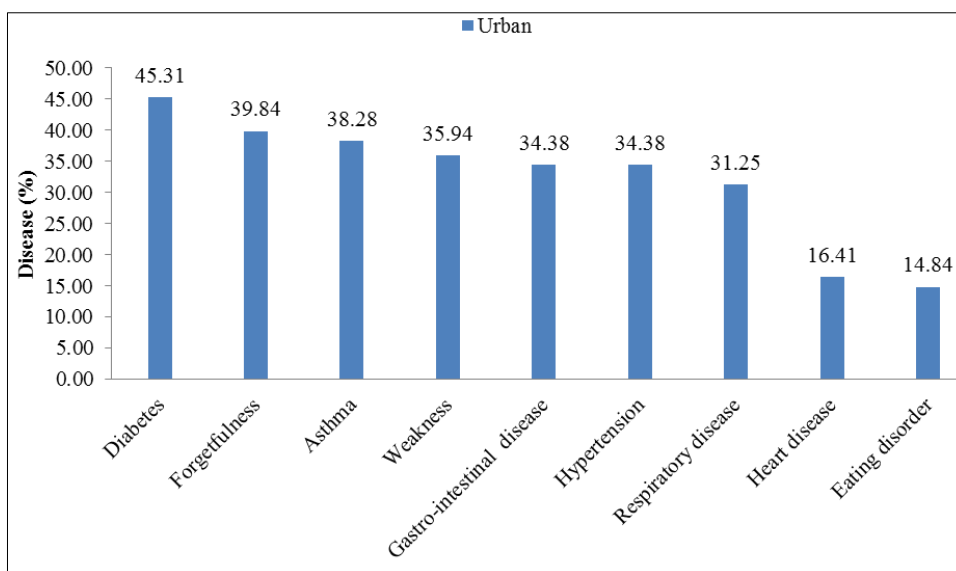


Fig 1(a): Major health problems which occur 'most of the time' among the elderly women in urban areas

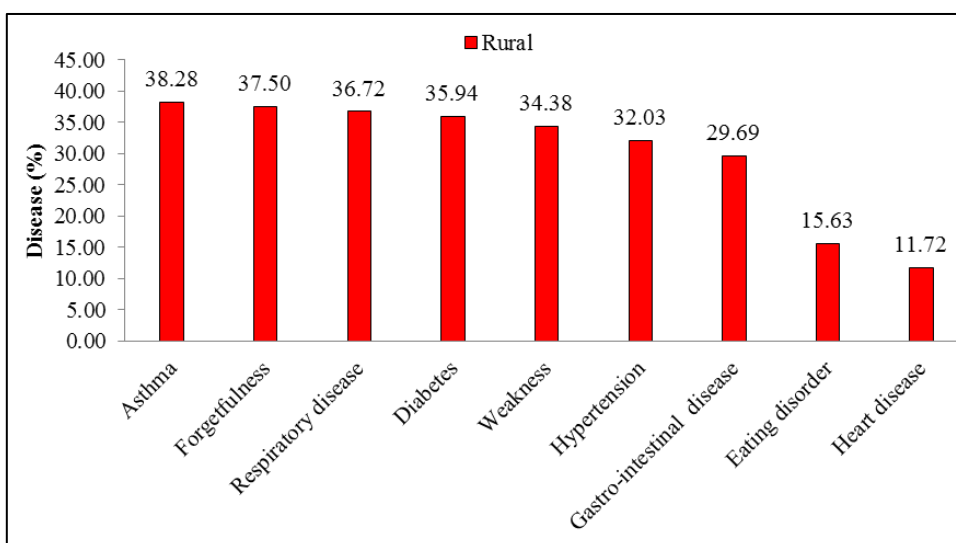


Fig 1(b): Major health problems which occur 'most of the time' among the elderly women in rural areas

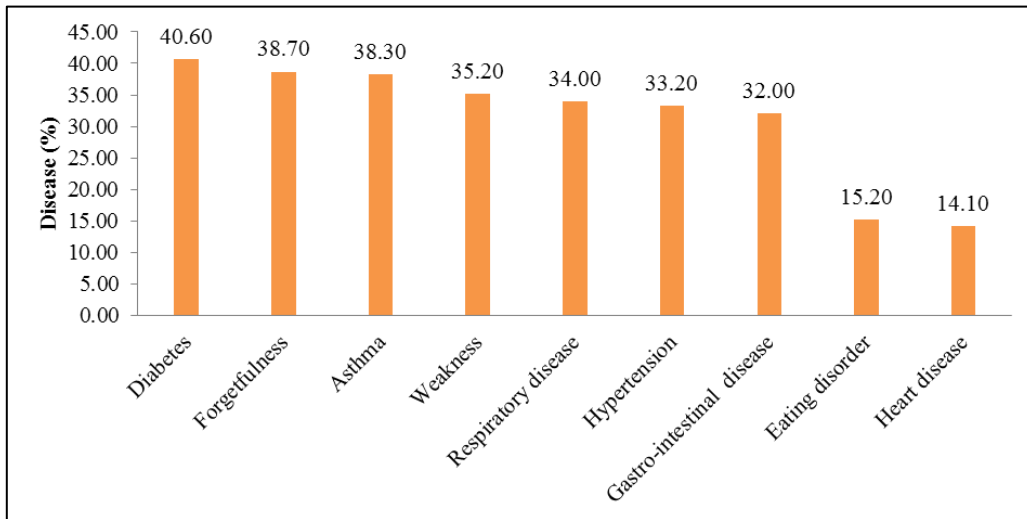


Fig 2: Major diseases among the elderly women occurring 'most of the time' (N = 228)

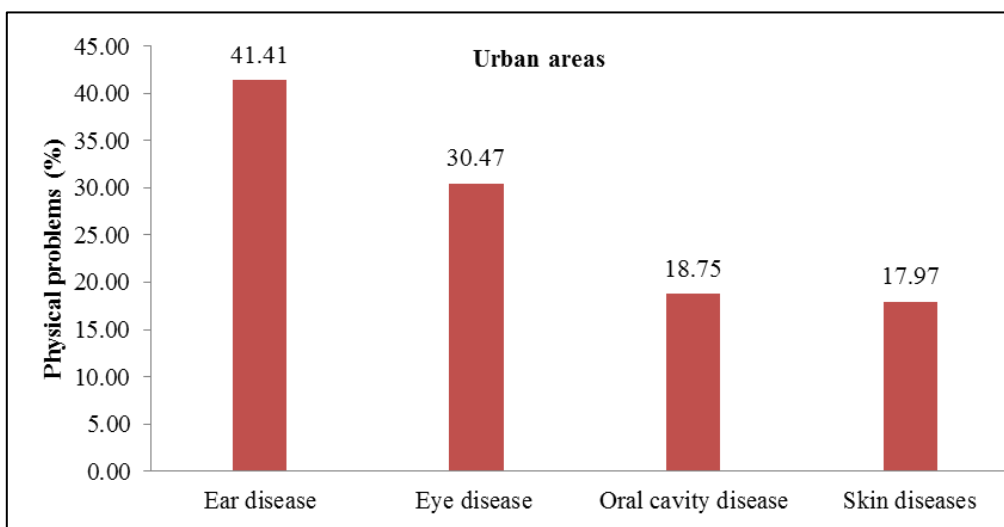


Fig 2(a): Physical problem status which occur most of the time among the elderly women in urban areas

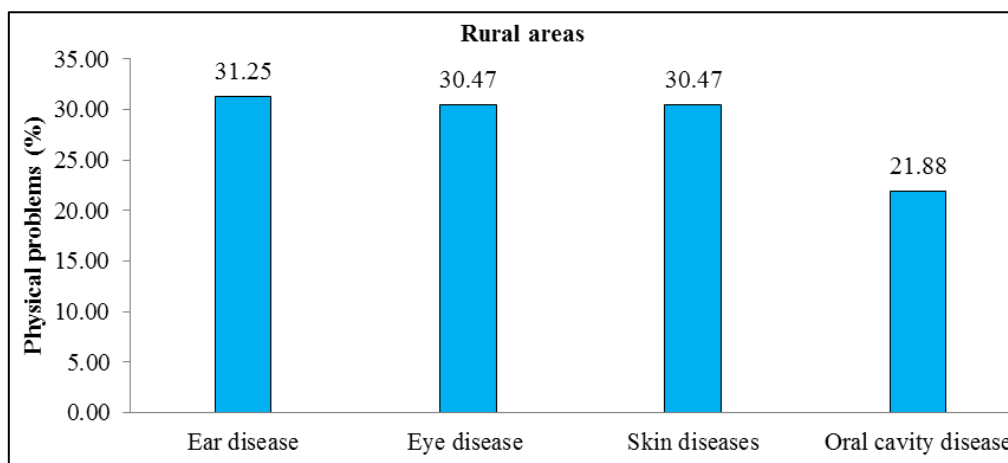


Fig 2(b): Physical problems which occur most of the time among the elderly women in rural areas

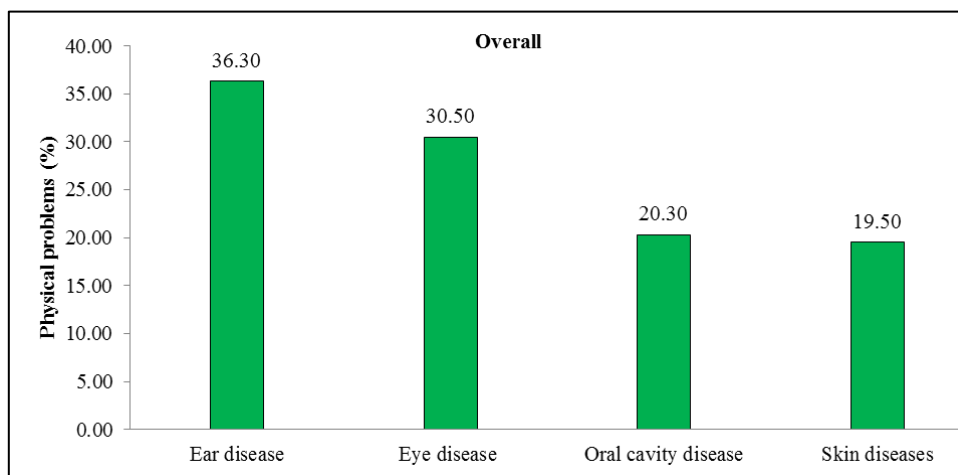


Fig 2(c): Overall physical problems which occur most of the time among elderly women in Haryana (N = 256)

Conclusion

Based on the above study, it was found that elderly women living in urban areas diabetes as major health problem followed by forgetfulness and asthma (38.28%). The major physical problems were ear disease, eye disease and oral cavity. Elderly women living in the rural areas are suffering from asthma which occur most of the time followed by forgetfulness, respiratory disease and diabetes. The major physical problems in rural areas were ear disease, eye diseases and skin diseases. The government at urban as well as rural level should improve health services for diabetes, asthma, ear disease and eyes disease and oral cavity diseases for improving the health status of the elderly women in Haryana as the health problems are associated with socio-economic factors.

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